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DECLARATION UNDER 35 USC §371(c)(4) FOR 61/535411 PCT APPLICATION FOR UNITED STATES PATENT

As a belownamed inventor, I hereby declare that: my residence, post office address and citizenship are as stated belowundermy name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: Inorganic optical recording medium comprising a heat dissipation layer

described and claimed in international application number PCT/FR03/0354 filed December 2, 2003

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

National French Patent Application No . 02 15196 — Filed on December 03, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

NONE

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE <u>SENT TO OLIFF & BERRIDGE</u>, PLC, <u>CUSTOMER NO. 25944</u>) TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| 1 | Typewritten Full Name | | | | |
|------|--|----------------|-------------------|----------|-------------------|
| 1-00 | of Sole or First Inventor | <u>Ludovic</u> | | _POUPIN | ET_ |
| 2 | Inventor's Signature: | Given Name | Middle Initial | Family N | lame |
| 3 | Date of Signature: | September | 2 | 20 | 05 |
| | | Month | Day Year | | |
| | Residence: Sassen | age PRX | | FRA | NCE |
| | ************************************* | City | State or Province | Count | ry |
| | Citizenship: FRENCH | | | | |
| | Post Office Addre | | sse du Ruisset | F-38360 | <u>Sassena</u> ge |
| | (Insert complete address, including | | (FR) | | |

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

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| 1 | Typewritten Full Name | - | 10/535411 HYOT | | |
|---|--|--------------------------|----------------------|----------------|--|
| | of Joint Inventor 2-00 | <u>Bérangère</u> | | | |
| 2 | Inventor's Signature: | Given Name | Middle Initial | Family Name | |
| 3 | Date of Signature: | September | 2 | 2005 | |
| | Residence: Gre | Month enoble FRX | Day | Year FRANCE | |
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| | Post Office Add (Insert complete address, includi | ress: <u>10 rue Nico</u> | olas Chorier F-38 | 000 Grenoble | |
| 1 | Typewritten Full Name | | | | |
| | of Joint Inventor 300 | Marie-Françoise | | ARMAND | |
| 2 | Inventor's Signature: | Given Name | Middle Initial | Family Name | |
| 3 | Date of Signature: | September | 2 | 2005 | |
| | Residence: Vauli | Month naveys-Le-Haut | Day | Year FRANCE | |
| | Citizenship: FRENC | City | State or Province | Country | |
| 1 | address, includi Typewritten Full Name of Joint Inventor | | | | |
| 2 | Inventor's Signature: | Given Name | Middle Initial | Family Name | |
| 3 | Date of Signature: | WAl- | Devi | Year | |
| | Residence: | Month | Day | | |
| | Citizenship: | City | State or Province | Country | |
| | Post Office Addr (Insert complete address, includi: | mailing | | | |
| 1 | Typewritten Full Name of Joint Inventor | | | | |
| 2 | Inventor's Signature: | Given Name | Middle Initial | Family Name | |
| 3 | Date of Signature: | Month | Day | Year | |
| | Residence: | City | State or Province | Country | |
| | Citizenship: | | State of 1 to vilide | | |
| | Post Office Addr (Insert complete address, including | mailing | | | |

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.